

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 5554City Courteney

(No.)

File No. 6172Registered No. 46

St. Ward)

2. FULL NAME

(a) Residence, No. Courteney Mo. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 31 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Davis County Missouri

13. NAME

Wilbert Nation

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown unknown

15. MAIDEN NAME

Nancy unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown unknown

17. INFORMANT (ADDRESS)

Kelly Pallard Courteney Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE Salmon DATE Feb 8 1937

19. UNDERTAKER (ADDRESS)

George C. Carson Independence Mo.20. FILED 2-8-1937F. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1937, to Feb 5, 1937I last saw him alive on Feb 4, 1937. Death is saidto have occurred on the date stated above, at 11:52 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset Jan 31

Other contributory causes of importance:

Influenza

Name of operation

none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injuryWhere did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hickerson, M. D.(Address) Independence Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

